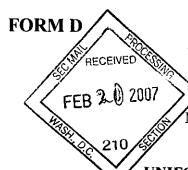
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response ... 16.00

SEC USE ONLY								
Prefix	Serial							
DATE R	ECEIVED							
ĺ								

Name of Offering (check if this is an	amendment and name has changed, and ir	dicate change.)					
Common Stock and Common Stock Pur	chase Warrants						
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule	506 Section 4	(6) TULOE		#		
Type of Filing: New Filing	Amendment						
	A. BASIC IDEN	TIFICATION DA	ГА				
 Enter the information requested abo 	ut the issuer				DINI NORM ELGAN MANIN MININ ELGAN MININ MININ MANIN		
Name of Issuer (check if this is an ar	nendment and name has changed, and indi	cate change.)			07044964		
Exploration Syndicate, Inc.		6 ,					
Address of Executive Offices	(Number and Street, Ci	tv. State, Zip Code)	Tele	phone Number	(Including Area Code)		
1325 Olde Base Line Road, Caledon, On	tario, L7C 0K5, CANADA) 838 369 5	(mending Area Code)		
Address of Principal Business Operations	(Number and Street, Ci	tv. State, Zip Code)			(Including Area Code)		
(if different from Executive Offices)	,	->, ==, =:p ====,	1	phone Munioci	(mending Area Code)		
					DDOOFOOTS		
Brief Description of Business					-PROCESSED		
				12			
Mineral exploration				ン	EER 2 6 2007		
Type of Business Organization			· · · · · · · · · · · · · · · · · · ·	-			
corporation	☐ limited partnership, already formed		other (pleas	se specify):	T. 10 10 10 1		
business trust	☐ limited partnership, to be formed		Carrott (preca	c specify.	THOMSON		
	, to be formed	Month `	Year		FINANCIAL		
Actual or Estimated Date of Incorporation	or Organization:	03		1 4			
Jurisdiction of Incorporation or Organization: 03 05 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
	CN for Canada; FN for other foreign	outeviation for State on jurisdiction)	E. DE				
	The same and the same follow	211 Jurisonettott)	DE				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner X Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Dumyn, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) 1325 Olde Base Line Road, Caledon, Ontario, LC7 0K5, CANADA Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Dumyn, Ann Business or Residence Address (Number and Street, City, State, Zip Code) 1325 Olde Base Line Road, Caledon, Ontario, LC7 0K5, CANADA Check Box(es) that Apply: Promoter ☐ Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Carr, Steve Business or Residence Address (Number and Street, City, State, Zip Code) 2280 Barrington Road, #233, Hoffman Estates, Illinois, 60195 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Harrison, Clyde Business or Residence Address (Number and Street, City, State, Zip Code) 1325 Olde Base Line Road, Caledon, Ontario, LC7 0K5, CANADA Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Zang, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 12579 Taylor Place, Summerland, British Columbia, V0H 1Z8, CANADA Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Lo. Robert Business or Residence Address (Number and Street, City, State, Zip Code) 1325 Olde Base Line Road, Caledon, Ontario, LC7 0K5, CANADA Check Box(es) that Apply: Promoter ☐ Beneficial Owner **Executive Officer** X Director General and/or Managing Partner Full Name (Last name first, if individual) Rhoden, Neville Business or Residence Address (Number and Street, City, State, Zip Code) 7024 Heatherwood Drive, Reno, Nevada, 89523 Check Box(es) that Apply: Promoter Beneficial Owner \boxtimes **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Proudfoot, Jim **Business or Residence Address** (Number and Street, City, State, Zip Code) 12579 Taylor Place, Summerland, British Columbia, VOH 1Z8, CANADA Check Box(es) that Apply: □ Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) RAB Special Situations (Master) Fund Limited Business or Residence Address (Number and Street, City, State, Zip Code) c/o RAB Capital plc, 1 Adam Street, London WC2N 6LE, UK Check Box(es) that Apply: ☐ Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Geotech, Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) 30 Industrial Parkway, Soth Auora, Ontario, L4G 3W2 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		,	•	В.	INFOR	MATION	ABOUT	OFFERIN	IG				
1.	Has the issue	er sold, or de				accredited in Column 2, i						Yes	No
2.	What is the m	inimum invest							••••••	•••••••••••••••••••••••••••••••••••••••		\$ <u> \$:</u>	<u>25,000</u>
3.	Does the offer	ing permit joi	nt ownership	of a single ur	uit?					•••••		Yes ⊠	No
4.	Enter the inforcommission offering. If a and/or with a associated per	r sunular reim person to be state or states	uneration for listed is an as , list the nam	solicitation of ssociated personal e of the brok	of purchasers son or agent er or dealer.	in connection of a broker or If more than	n with sales dealer regis five (5) pers	of securities stered with the	in the e SEC				
	Name (Last na										÷		-
Busir	ert A. Maley ness or Reside	nce Address	(Number ar	nd Street, C	ity, State, Z	in Code)	·	·					
777 1	Third Avenue of Associate	New York,	NY 10017			 _							
	rd Securities												
State	s in Which Pe	rson Listed I	Has Solicited	d or Intends	to Solicit P	urchasers							
	(Check "All S	tates" or checl	k individual S	tates)						•		All Sta	ites
(AL) [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT]X [ME] [NY]X [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[10] [M] [P]	lÕ] A]
Full N Reish	Name (Last na I man, Will	me first, if i	ndividual)				· · · · · · · · · · · · · · · · · · ·						<u>., </u>
Busin	ess or Reside	nce Address	(Number an	d Street, Ci	ty, State, Zi	p Code)							
Namo	Excel Drive, of Associate	Broker or	Dealer	K 9/504		-				 -			_
Euro	Pacific Capi	tai, Inc.,	1 0 11 1				·						
States	in Which Pe												
	(Check "All Si	ates" or check	individual S	tates)						••••••		All St	ates
[AL] [IL] [MT] [RI] Full N	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD] me first, if in	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR]X [WY]	[][[M] [P4] [Pf	O] \}
Busin	ess or Resider	nce Address	(Number on	d Street Ci	Canta 7:	- C- 1-)				 			
				d Street, Cr	iy, State, Zi	p Code)							
Name	of Associated	l Broker or I	Dealer										
States	in Which Per	son Listed F	las Solicited	or Intends	to Solicit Pu	rchasers							
	(Check "All Sta	ates" or check	individual St	ates)			***************************************		******************	····		All Sta	ites
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] _ [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] (WI)	[HI] [MS] [OR]	[ID [M] [PA]	[] (0] (1]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROC	EEDS
I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ \$_4,100,000***	\$_4,100,000***
	☑ Common ☐ Preferred	\$ <u>4,100,000</u>	3 4,100,000
	Convertible Securities (including warrants)	\$***	¢ ***
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ <u>4,100,000.00</u>	\$_4,100,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate
		Investors	Dollar Amount
	Accredited Investors	17	of Purchases
	Non-accredited Investors	12	\$ <u>4,100,000.00</u>
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		
	Regulation A		\$
	Rule 504		\$
	Total		\$
			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		П¢
	Printing and Engraving Costs		□\$
	Legal Fees		S 5 000
	Accounting Fees		⊠ \$5,000
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		□\$
	Other Expenses (identify)		□\$
	Total		⊠\$17,250

^{***} The Company offered "Units," each consisting of one share of common stock and a warrant to purchase one-half of a share of common stock. Each Unit was sold for the price of \$1.00.

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROCEE	DS
	 Enter the difference between the a Question I and total expenses furnishe is the "adjusted gross proceeds to the is 	aggregate offering price given in response to Part C d in response to Part C - Question 4.a. This difference suer."	-	\$_4,082,750.00
5.	used for each of the purposes shown, estimate and check the box to the left	sted gross proceeds to the issuer used or proposed to be If the amount for any purpose is not known, furnish ar of the estimate. The total of the payments listed mus he issuer set forth in response to Part C - Question 4.b	n t	
			Payments to Officers, Directors, &	Payments To
	Salaries and fees		Affiliates □\$	Others
				□\$
	Purchase, rental or leasing and installati		— ·	□\$
		gs and facilities		
	offering that may be used in exchang	ng the value of securities involved in this e for the assets or securities of another		<u></u> \$
				 \$
				⊠\$4 ,082,750.00
	Other (specify):		_	
				□ \$
			_ 🗀 \$	□\$
	Column Totals			⊠ \$ <u>4,082,750.00</u>
	Total Payments Listed (column totals ac	lded)	⊠\$ <u>4.08</u>	32,750.00
		D. FEDERAL SIGNATURE		
316110	ture constitutes an undertaking by the ISS	gned by the undersigned duly authorized person. If this user to furnish to the U.S. Securities and Exchange Com-accredited investor pursuant to paragraph (b)(2) of Ru	mission unan written racuu	505, the following est of its staff, the
Issue	r (Print or Type)	Signature	Date	
	oration Syndicate, Inc		February 2007	
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)		
Ann	Dumyn	Secretary and Chief Financial Officer		
			·	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
I. Is any party described in 17 CFR 2 rule?	230.252(c), (d), (e) or (f) presently subject to any of the disq	ualification provisions of such	Yes	No ⊠
	See Appendix, Column 5, for state response.			
The undersigned issuer hereby unc CFR 239.500) at such times as req	dertakes to furnish to any state administrator of any state in valuired by state law.	which this notice is filed, a notice	e on Form	D (17
 The undersigned issuer hereby und offerees. 	dertakes to furnish to the state administrators, upon written re	equest, information furnished by	the issue	r to
Otterning exemption (OLOE) of the	that the issuer is familiar with the conditions that must be sa e state in which this notice is filed and understands that the i these conditions have been satisfied.	tisfied to be entitled to the Unifo ssuer claiming the availability o	orm limite f this exe	ed mption
The issuer has read this notification and duly authorized person.	nd knows the contents to be true and has duly caused this not	ice to be signed on its behalf by	the under	rsigned
ssuer (Print or Type)	Signature	Date		
Exploration Syndicate, Inc.		February \\2007		
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Ann Dumyn	Secretary and Chief Financial Officer			
Intentional misstatements	ATTENTION			

	1				APPENDIX				lification
	to non- investo	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Units of Common Stock and Warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	-ltem 1)
AL									
AK								-	
ΑZ									
AR									
CA		Х	\$4,100,000.00	2	\$75,000.00	0	0		X
co									
СТ						<u> </u>			
DE									
DC					- <u>,, </u>			<u> </u>	
FL									
GA				**					
ні						<u> </u>		.,	
ID									
IL.									
IN		-							·
IA									
KS									
KY							n = 12		
LA	_								 ·
МЕ									
MD	-			 					
МА		X	\$4,100,000.00	2	\$1,000,000.00	0	0		<u>x</u>
МІ									
MN									
MS									
мо									

APPENDIX Disqualification under Type of security and State ULOE (if yes, attach explanation of Intend to sell aggregate offering to non-accredited price offered in State Type of investor and waiver granted) (Part E-Item 1) investors in State (Part C-Item 1) amount purchased in State (Part B-Item 1) (Part C-Item 2) **Units of Common** Number of Number of Accredited Stock and Non-Accredited State Yes No Investors Amount Investors Amount Yes No Warrants MT ΝĒ NVX \$4,100,000.00 X ı \$50,000.00 0 0 NH NJ NM NY X \$4,100,000.00 3 \$1,100,000.00 0 0 X NC ND ОН OK OR \mathbf{X} \$4,100,000.00 1 \$25,000.00 0 0 X PΑ X \$4,100,000.00 1 \$25,000.00 0 0 \mathbf{X} RΙ X \$4,100,000.00 ı \$25,000.00 0 0 X SC SDTN TX UT VT٧A WAWVWI WY PŔ

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